



Margie Ramirez Ibarra
Webb County Clerk
1110 Victoria, Ste. 201
Laredo, Texas 78040
Ph. 956-523-4266 * Fax 956-523-5035

ASSUMED NAME RECORDS

CERTIFICATE OF OWNERSHIP FOR UNINCORPORATED BUSINESS OR PROFESSION

Name of Business _____

Business Address _____

City _____ State _____ Zip Code _____

Period Which Assumed Business Will Be Used _____

**** Indicate Beginning Date & Expiration Date * (Not To Exceed 10 Years) ****

****Notice "Certificates Of Ownership" are valid only for a period not to exceed 10 years from date filed in County Clerk's office (Business & Commerce Code, Ch. 36, Sect. 1, Title 4)****

Business is to be conducted as:

- | | | |
|--|---|--------------------------------|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Corporation | <input type="checkbox"/> Other |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership | |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Registered Limited Liability Partnership | |

CERTIFICATE OF OWNERSHIP

I/we, the undersigned, am/are the owner(s) of the above business and my/our name(s) and address(es) given is/are true and correct, and there is/are no ownership(s) in said business other than those listed herein below:

****NAME OF OWNERS****

Name _____ Signature _____

Residence Address _____

Name _____ Signature _____

Residence Address _____

Name _____ Signature _____

Residence Address _____

Name _____ Signature _____

Residence Address _____

State of Texas

County of _____

This instrument was acknowledged before me by _____

GIVEN UNDER MY HAND AND SEAL OF THIS OFFICE, on _____

Notary Public in and for the State of _____